



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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# **Principles and Protocols For the Release of Health Care Data**

Healthcare Data System  
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Version 1

# Principles and Protocols for the Release of Health Care Data

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# **Principles and Protocols for the Release of Health Data Required by Sub-part 118 of the Rules and Regulations Governing Reportable Diseases and Conditions**

## **INTRODUCTION**

The Data Use Council (hereinafter referenced as DUC) believes in a policy of access that allows the broadest possible use of information resources for consumers, purchasers, health care facilities, health care insurers and health care professionals, researchers and governmental agencies. The nature of the data necessitates that measures be taken to ensure data security and quality. This need for security and quality in health care information systems and data encompasses two fundamental goals: confidentiality and integrity. Confidentiality is the control over access to information and must assure absolute confidentiality for individual patients and appropriate confidentiality for health care facilities, insurers and professionals. The integrity of the databases means that the accuracy, reliability and timeliness of the information provided must be of the highest caliber.

## **MISSION STATEMENT**

The mission of the DUC is to provide information to assist health care providers, consumers, insurers, elected officials and government agencies in the formulation of health policy which places Mississippi in a leadership role now and in the future by:

- Recommending data to be collected based on constituent input;
- Controlling collection and release of data while safeguarding the privacy of patients and providing appropriate safeguards for medical care providers;
- Promoting the awareness and appropriate use of health care data and information and;
- Evaluating the usefulness of the DUC process.

## **PRINCIPLES**

1. The right to privacy is a basic right of every Mississippian. The confidentiality of the patient shall be of the utmost concern. The release or re-release of data, in raw or aggregate form, that can be reasonably expected to reveal the identity of an individual patient will be made only when a mandate has been established by statutory law.
2. The policy of the DUC shall be to make determinations on requests for information in favor of access, subject to the specific limitations concerning use, confidentiality, security and accuracy.
3. The DUC believes that through the MSDH, educational programs should be designed and implemented to make its information understandable and usable to purchasers, facilities, government agencies and the general public. This information will assist consumers in making informed health care decisions. The MSDH will also provide information to government agencies and facilities to assist them in making health care policy.

# **DATA RELEASE PROTOCOL**

## **Data Elements Required to be Reported**

The MSDH under Sub-part 118 of the Rules and Regulations Governing Reportable Diseases and Conditions has the authority to designate the data elements to be reported by all health care providers. Each of the following licensed health care facilities in the state of Mississippi shall be required to report:

- Hospital Facilities
- Ambulatory Surgical Facilities – [Reserved];
- Outpatient Diagnostic Imaging Centers –[Reserved];
- Other – [Reserved];

The DUC, to the extent possible, will adhere to national standards developed for defining data elements to be collected and the electronic formats used to transmit the data. The MSDH will seek the input of data users and affected health care providers of data as part of a periodic review process to identify data elements to be collected. The current listing of data elements required to be collected is found in Appendix A.

## **Classification and Release of Data**

In order to balance the principles of access and confidentiality, the DUC has devised a classification scheme for the data elements collected. This classification scheme aims to promote the use of accurate health data, provide equal treatment of data requesters and data providers, expedite the release process and encourage the release of the broadest spectrum of data elements without compromising patient confidentiality and appropriate confidentiality for health care providers, insurers and facilities. Efforts will be made to present data elements in a manner that balances the needs for public information and confidentiality. The rationale for not releasing certain variables is that these fields either alone or in conjunction with other publicly available data will or have the potential to identify a patient, health care provider, health care facility and/or health care insurer.

The data elements are classified into four categories: encounter-level, restricted, confidential and never releasable.

1. Encounter-level: data elements that are available for general public release subject to an application and a data use agreement
2. Restricted: data elements that require approval for release through the DUC subject to an application and confidentiality contract
3. Confidential: data elements that will only be released if a mandate has been established by statutory law subject to verification of authority
4. Never releasable: data elements that may be used for statistical linking purposes only

The current classification of data elements will be periodically reviewed. New data elements will be reviewed and classified by the DUC. Until new data elements are classified, they will be considered restricted data.

The DUC recognizes the importance of releasing information that meets the quality and completeness standards established by the MSDH. Therefore, while databases and/or reports may be authorized for release, the MSDH may release this information only after these quality and completeness standards have been met.

### **Release of Encounter-Level Data**

Encounter-level data will be released upon request and are subject to the confidentiality provisions set forth in Sub-part 118 of the Rules and Regulations Governing Reportable Diseases and Conditions. Failure to comply with the confidentiality provisions in these regulations can result in legal action as specified in Sub-part 118 of the Rules and Regulations Governing Reportable Diseases and Conditions.

The release of identifiable patient health information may be made by MSDH only to the facility that initially reported the identifiable information, upon the written request of such facility. Any request by any other party for the release of identifiable information shall be reviewed by the DUC, and the DUC may approve such request only for the purpose of public health assessment or research under such guidelines and stipulations as may be necessary to maintain confidentiality requirements.

Encounter-level data files contain individual patient-level data using encounter-level data elements; release of these files requires an application and a signed Data Use Agreement. However, the MSDH has permission to release aggregate customized reports based on encounter-level data without a signed agreement.

The following considerations will be applied by MSDH in creating encounter-level data files.

**Dates:** All data elements that are date fields will be considered restricted data. Date fields provide unique information that when linked with other databases may identify an individual. On encounter-level files:

- Age will be reported in five-year age groupings and “under one category” (for children under one year of age), “one to four” (for children one to four years of age) and if over 84, reported in 85 and over category
- Length of stay will be provided rather than admission and discharge dates
- Month and day of week will be provided in lieu of admission date and/or discharge date

**Charges:** All charge fields will be rounded to the nearest hundred dollars. Rounding to the nearest hundred dollars will mask the variable to prevent linking with other databases that may identify an individual.

## Encounter-Level Data Elements

### 1. Inpatient Hospitalizations Encounter-Level Data Elements

- Length of stay
- Day of the week of admission
- Month of admission
- Day of the week of discharge
- Month of discharge
- Admission source
- Admission type
- Patient age in five year age cohorts at admission Patient Age at Admission in Years in 5 year groupings. Except less than 5 years that is reported as “under one category” (for children under one year of age) and “one to four” (for children one to four years of age). If over 84, reported in 85 and over category
- Patient gender
- Patient race/ethnicity
- County of patient's residence
- Admitting Diagnosis
- Present on Admission Code for All Diagnoses
- Diagnosis codes, primary and all secondary diagnoses codes reported to MSDH (including coding methodology)
- Procedure codes, primary and all secondary procedure codes reported to MSDH (including coding methodology)
- Procedure day in relationship to admission date
- Time from Admission Hour to Discharge Hour
- Major diagnostic categories
- E-codes
- DRG
- Primary expected payer classification (i.e., Medicare, Medicaid, TriCare, Worker’s Compensation, Commercial, HMO, Self-pay, Indigent and Other)
- Charges by summary revenue codes rounded to the nearest hundred dollars
- Total charges rounded to the nearest hundred dollars
- Days in special units (e.g. ICU, CCU, etc)
- Physician specialty code (as adopted by the AMA)
- Patient discharge status
- Health care professional classification
  - Attending
  - Other
- All Patient Refined- DRG Level
- All Patient Refined-DRG Label

## **2. Emergency Department Visits and Facilities Reporting Outpatient Services Encounter-Level Data Elements**

- Day of the week of admission
- Month of admission
- Admission source
- Admission type
- Patient age in five year age cohorts at admission Patient Age at Admission in Years in 5 year groupings. Except less than 5 years that is reported as “under one category” (for children under one year of age) and “one to four” (for children one to four years of age). If over 84, reported in 85 and over category.
- Patient gender
- Patient race/ethnicity
- County of patient's residence
- Patient Reason for Visit
- Diagnosis codes, primary and all secondary diagnoses codes reported to (including coding methodology)
- Procedure codes, primary and all secondary procedure codes reported to MSDH (including coding methodology)
- Time from Admission Hour to Discharge Hour
- E-codes
- AHRQ (Agency for Health Care Research and Quality) broad level diagnostic categories
- AHRQ detailed diagnostic categories
- Primary expected payer classification (i.e., Medicare, Medicaid, TriCare, Worker’s Compensation, Commercial, HMO, Self-pay, Indigent and Other)
- Charges by summary revenue codes rounded to the nearest hundred dollars
- Total charges rounded to the nearest hundred dollars
- Physician specialty code (as adopted by the AMA)
- Health care professional classification
  - Attending
  - Other
- Physician specialty code Patient discharge status

## **Application for Use of Encounter-Level Data**

Persons receiving encounter-level data must complete an application and submit the signed data use agreement to the MSDH-DUC. The requestor must indicate which data set(s) is(are) being requested: Inpatient Hospitalizations, Outpatient Encounters, Emergency Department Encounters, Hospital Based Ambulatory Surgery, Imaging and Other Services/Equipment Requiring a Certificate of Need by completing the appropriate data elements form(s). The requestor must also indicate if they are requesting an Ad Hoc Report or the complete data set. The Application for Use of Encounter-Level Data is located in Appendix C.

## **Release of Restricted Data**

Information maintained in the Mississippi's HDS shall be confidential and shall not be distributed or released except with the permission of MSDH in accordance with its established policies and procedures. Violation of confidentiality requirements may be subject to severe civil and/or criminal penalties. The release of identifiable patient health information may be made by MSDH only to the facility that initially reported the identifiable information, upon the written request of such facility. Any request by any other party for the release of identifiable information shall be reviewed by the DUC, and the DUC may approve such request only for the purpose of public health assessment or research under such guidelines and stipulations as may be necessary to maintain confidentiality requirements.

Prior to the dissemination or release of any data analysis or statistical reports concerning registry information, including any release to MSDH divisions or programs, the DUC may review the methods and procedures deemed necessary to maintain the privacy and confidentiality of patient records, including the system security requirements. The MSDH shall be required to regularly monitor the physical security of the registry, to train personnel concerning the system's confidentiality standards, to limit access to the registry information solely to authorized personnel, and to implement password and encryption protections in the system.

Data elements classified as restricted data elements can either directly, in combination with or indirectly, when linked with other databases, identify a patient, health care facility, health care professional or health care insurer. Access to these data elements may be gained by special request and approval by the DUC for health care facility, professional or insurer identifiable data.



## **Restricted Data Elements**

### **1. Inpatient Hospitalization Restricted Data Elements**

- Admission date
- Discharge date
- Admission Hour
- Discharge Hour
- Patient birth date
- Patient age in years
- Medical record number
- Patient number, facility assigned
- Unique patient number, MSDH assigned
- Procedure dates
- Encrypted Carrier codes / health care insurer
- Patient zip code (digits 1-5)
- Health care professional identifier
- Unique Health care professional number, MSDH assigned
- Health care facility identifier
- Unique Health care facility number, MSDH assigned
- Charges not rounded

### **2. Emergency Department Visits and Facilities Reporting Outpatient Services Restricted Data Elements**

- Admission date
- Admission Hour
- Discharge Hour
- Patient birth date
- Patient age in years
- Medical record number
- Patient number, facility assigned
- Unique patient number, MSDH assigned
- Procedure dates
- Encrypted Carrier codes / health care insurer
- Patient zip code (digits 1-5)
- Health care professional identifier
- Unique Health care facility number, MSDH assigned
- Unique health care professional number, MSDH assigned
- Health care facility identifier
- Unique health care facility number, MSDH assigned
- Charges not rounded

## **Application for Use of Restricted Data**

Persons requesting access to restricted data must complete a data application for restricted data and Confidentiality Contract. The DUC, in accordance with Federal regulations require that all research studies involving human subjects and materials of human origin be reviewed and approved by an Institutional Review Board before initiation. In compliance with this federal regulation, study investigators requesting patient identifiable data from the Healthcare Data System must submit obtain IRB approval from an IRB with an FWA approval number. A copy of the obtained approval or exemption, along with an application, must be provided to the MSDH. The requestor must also indicate if they are requesting an Ad Hoc Report or the complete data set. The Application for Use of Restricted Data Files is located in Appendix D.

## **Reports**

Historically, the MSDH has released two types of health care facility-specific reports; first, reports shared with the health care facility supplying the data and secondly, reports released to the general public.

The first type of facility-specific reports included zip code market share, quarterly and year-to-date trends, patient origin and out-migration market share. This policy attempts to balance the need for confidentiality of the patient and the appropriate confidentiality of health care providers, insurers and facilities with regards to competitive health care information against the open release of data.

Because of the sensitivity of competitive information such as financial information and market share data, the DUC will release market share or financial reports, which identify providers, professionals or carriers, only as listed under the Report Approved for Release by the DUC.

### **1. Reports Approved for Release by the DUC**

The following is a listing of the DUC approved reports for Inpatient Hospitalization, Outpatient Encounters, and Emergency Department Visits:

- MSDH Program Area Specific Data
- Summary Statistics, By Hospital
  - Inpatient Hospital Discharge Data
  - Outpatient Hospital Discharge Data
- Patient Origin Report By Facility
  - Inpatient Hospital Discharge Data
  - Outpatient Hospital Discharge Data
  - Emergency Department Data
- Number And Percent Of Persons Treated Outside Their County Of Residence
  - Inpatient Hospital Discharge Data
  - Outpatient Hospital Discharge Data
  - Emergency Department Data
- Summary Injuries Reports by County of Treatment

No report will be released if it cannot meet appropriate levels of accuracy as determined by the MSDH. A third party may not reproduce reports without inclusion comments from affected health care professional and/or facility.

The MSDH will continue to develop health care facility and professional specific reports which do not release financial or market share information. The DUC believes in the use of constituent-based subgroups to make recommendations for the types of reports necessary in the areas of health care policy, planning and outcomes. Before the release of any new, not previously DUC approved, health care facility and/or professional specific reports, the MSDH and the DUC will follow the New Report Review Process to ensure the accuracy and validity of the reports. After a report has gone through the New Report Review Process, subsequent releases of the report will be subject to the Previously Approved Report Review Process.

## **2. Previously Approved Report Review Process**

Previously approved reports will utilize the most current data available and be reviewed by the affected health care facilities and/or professionals. After making the necessary adjustments, the MSDH will release the reports including the health care facilities' and/or professionals' comments.

## **Special Requests**

A special request is the release of restricted data elements in a manner that would allow the identification of patients and/or health care facilities and/or professionals. If the special request requires the MSDH to aggregate the data by a restricted data element but not release the restricted data element, the request will be handled as a release of unrestricted data, so long as the confidentiality of patients and the appropriate confidentiality for health care professions, insurers and facilities will not be compromised. The release of the patient-level data with health care professional, facilities and/or private insurer's identifiers will be made to researchers and government entities only.

All applicants for special requests will submit to the MSDH the required documentation including, but not limited to the following: a list of the requested data elements, time frame for the requested data elements, a study protocol, intended uses of the data, policies for the protection of the restricted data elements, a Confidentiality Contract signed by the principal investigator and a detailed listing of individuals who will have access to the data. Data requests may include multiple years of prospective data, for the same research protocol, so that an application need not be filed for each year. It is the policy and practice of the MSDH to provide technical assistance to applicants to assist in the application process.

Health care professional, private insurer and facility identifiable data elements approved for the applicant's use by the DUC may not be released in any product, publication or communication without the written approval of the DUC and review and comment by the affected health care facilities and/or professionals. All third party reproductions of the reports must include comments from the affected health care facilities and/or professionals.

If the application requests the linking of an MSDH database with other database(s), the DUC will approve the manner in which the linkage is done.

## **Follow-back Studies**

For entities not having statutory authority to access patient identifiable data, patient contact for follow-back studies, using patient identifiable data, must be conducted through the health care facility and/or professional and requires the informed consent of the patient or the patient's representative. The purpose of these studies shall not be disclosed to anyone, when trying to locate patients, other than the entity originally providing the MSDH with the data, the patient or the patient's representative. No undue burden shall be placed upon health care facilities and/or professionals to comply with follow-back studies. For on-going data activities, the data users / MSDH program areas with assistance from the MSDH shall develop an informed consent form for use by the appropriate facilities.

For entities having statutory authority to access patient identifiable data with confidentiality requirements comparable to the MSDH, follow-back studies using patient identifiable data will be requested to be conducted in accordance and with the approval of an Internal Review Board or Privacy Board.

## **Release of Confidential Data**

Confidential data will only be released if a mandate has been established by statutory law. Confidential data elements for inpatient hospitalizations, emergency room visits, observation stays, ambulatory surgery, services requiring a Certificate of Need and home health visits include, but are not limited to, patient name and address (except as otherwise provided herein) and patient zip-code (digits 6-9).

## **Release of Data to Entities as Required by Law**

If an entity obtains statutory authority for the release of restricted and/or confidential data elements, that entity must submit to the MSDH:

1. Written statutory evidence indicating entitlement of access to the data and
2. A copy of or citation of the statute(s) and/or regulation(s) that requires the entity to maintain the confidentiality and security of the data that satisfy the intent of Sub-part 118 of the Rules and Regulations Governing Reportable Diseases and Conditions or;
3. If statutory and/or regulatory requirements for the maintenance of the confidentiality and security of the data do not exist or do not satisfy the intent of Sub-part 118 of the Rules and Regulations Governing Reportable Diseases and Conditions all persons (including MSDH staff, subcontractors and committees) with access to the data will be required to comply with HIPAA TRAINING supplied by the MSDH.

Statutory law must mandate release of confidential data elements for follow-back investigations. The DUC encourages entities performing follow-back investigations with confidential data to adopt the DUC's policies for follow-back investigations.

The MSDH has a public health responsibility based on legal authority that requires the receipt and use of data. Therefore, the HDS will provide data for MSDH's program areas, as required by law.

## **Never Releasable Data**

Never releasable data for inpatient hospitalizations, emergency room visits, observation stays, ambulatory surgery, services requiring a Certificate of Need and home health visits may be used for statistical linking purposes only. Never releasable data elements include, but are not limited to, patient social security number (for all encounters), National Provider Identification (NPI) for health care facilities and providers, patient name and address for all Mental Health and Alcohol and other Drug Abuse encounters as required by federal law and any other patient identifying information protected from release by federal law. Social Security Number may be released to the entity supplying the data or to the agency responsible for enumerating.

## **MANAGEMENT POLICIES FOR DUC AND MSDH**

### **Procedures for Maintaining Confidentiality of the Data**

Employees, contractors and agents of the MSDH and DUC, as well as members of their committees, task forces and advisory groups, will have occasion to work with restricted and/or confidential data elements on a regular basis. This responsibility will be treated with the highest degree of respect and integrity. The MSDH has established a policy to require its employees, contractors and agents and members of its committees, task forces and advisory groups to maintain the confidential nature of the information they encounter in the course of their duties and to sign an annual confidentiality contract. All DUC members, task forces, subcommittees and advisory groups will also be required to complete HIPAA training.

The MSDH in compliance with Board policies and state and federal law developed security policies for all health data. The MSDH will maintain overall security policies in compliance with all applicable state and federal laws governing health care data. Access to restricted, confidential and never releasable data elements will be strictly controlled following extensive security measures.

### **Procedure For Data Verification And Review**

Miss. Code Ann. § 41-63-4, provides for the MSDH to promulgate regulations concerning the submission of data. These regulations require the MSDH to ensure that the data meet specific timeliness, accuracy and completeness criteria. Additionally, the MSDH has a very detailed editing and “un-duplication” process that it follows in preparing data files.

### **Publications**

ALL published abstracts of presentations and papers that result from the use of encounter-level data must be submitted to the MSDH-DUC at least 60 days in advance of the presentation or release of the publication. If 60 days is impossible, a different timeline can be requested and must be approved by the DUC. The bibliography of papers from investigations that have utilized the information is used to track the use of the Health Data System and its information. MSDH-HDS acknowledgment must be cited in all publications that result from studies that utilized data from the HDS.

## **Waivers**

The MSDH may grant a waiver to students to defer the cost for producing data sets or Ad Hoc Reports. The student by applying for and accepting a waiver of payment will agree to allow the MSDH to publish the findings and methodology if the DUC deems the information appropriate. The Grant Waiver can be found in Appendix E.

## **Fees**

It is not the intention of the DUC or MSDH to limit access to health care data through the adoption of unreasonable fees. The MSDH follows the policy of the Mississippi State Board of Health to charge for the release of reports and other data based on a cost recovery basis.

**Fee Schedule to be added here pending Mississippi State Board of Health Approval**

## DEFINITIONS

**Carrier:** refers to the numbers coded on a bill to delineate the primary and other insurer that identifies a private insurer, HMO, PPOs, etc..

**Data Element:** refers to any specific characteristic, usually encoded, describing a patient, services provided to a patient or the health care facility and/or professional providing the services, during a medical encounter.

**Data Use Council:** is as defined in Sub-part 118 of the Rules and Regulations Governing Reportable Diseases and Conditions.

**Disclosure:** means to communicate, transmit, or in any way to convey any data, referred to in these regulations to any individual organization in any form, written, verbal or otherwise.

**Encounter Level Data:** refers to data gathered or organized by each contact between a patient and a health care professional in which care was given.

**Follow-back Investigation:** refers to a procedure in which a researcher obtains additional data by contacting patients, next-of-kin, informants, physicians, hospitals and/or other individuals or facilities associated with the individual.

**Health Care Facility:** includes but is not limited to acute care hospitals, psychiatric hospitals, alcohol and substance abuse hospitals, tuberculosis hospitals, nursing homes, kidney disease treatment centers, including freestanding hemodialysis centers, ambulatory surgical facilities, rehabilitation facilities, residential treatment facilities for children and adolescents, habitation centers for mentally retarded persons or persons with related conditions and any other freestanding facility offering services or special equipment for which Certificate of Need review is required by state law.

**Health Care Professional:** includes but is not limited to physician, physician's assistant, dentist, dental hygienist, dental technician, pharmacist, physical therapist, physical therapists assistant, optometrist, psychologist, respiratory care practitioner, registered nurse, licensed practical nurse, podiatrist, occupational therapist or other health care professional registered or licensed and practicing in South Carolina.

**Identifiable Health Data:** means any item, collection, or grouping of health data that makes the individual or entity described in the health data identifiable.

**Insurer:** refers to the names of the insurance companies, HMOs, PPOs, etc. that identify these organizations and are used to delineate the primary and other payers on a bill.

**Research:** means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalized knowledge. [45 CFR 46.102(d)] Note: This is the same definition used and codified in HIPAA Regulations.

## ***Appendix A: Data Elements Required to Be Reported to MSDH***

<b>1</b>	<b><i>[Provider Name]</i></b>
<b>2</b>	<b><i>[Provider Street Address]</i></b>
<b>3</b>	<b><i>[Provider City, State, Zip]</i></b>
<b>4</b>	<b><i>[Provider Telephone, Fax, Country Code]</i></b>
<b>5</b>	<b><i>[Pay-to Address]</i></b>
<b>6</b>	<b><i>[Pay-to City, State]</i></b>
<b>7</b>	<b><i>[Pay-to ID]</i></b>
<b>8</b>	<b><i>[Pay-to Name]</i></b>
<b>9</b>	<b><i>Patient Control Number</i></b>
<b>10</b>	<b><i>Medical Record Number</i></b>
<b>11</b>	<b><i>Type of Bill</i></b>
<b>12</b>	<b><i>Federal Tax Number</i></b>
<b>13</b>	<b><i>Statement Covers Period - From/Through</i></b>
<b>14</b>	<b><i>Patient First Name</i></b>
<b>15</b>	<b><i>Patient Last Name</i></b>
<b>16</b>	<b><i>Patient Middle Name/Initial</i></b>
<b>17</b>	<b><i>Patient Name - ID</i></b>
<b>18</b>	<b><i>Patient Address - Street</i></b>
<b>19</b>	<b><i>Patient Address - City</i></b>
<b>20</b>	<b><i>Patient Address - State</i></b>
<b>21</b>	<b><i>Patient Address - ZIP</i></b>
<b>22</b>	<b><i>Patient Address - Country Code (i.e. USA)</i></b>
<b>23</b>	<b><i>Patient Birth Date</i></b>
<b>24</b>	<b><i>Patient Sex</i></b>
<b>25</b>	<b><i>Admission Date</i></b>
<b>26</b>	<b><i>Admission Hour</i></b>
<b>27</b>	<b><i>Type of Admission/Visit</i></b>
<b>28</b>	<b><i>Source of Admission</i></b>
<b>29</b>	<b><i>Discharge Hour</i></b>
<b>30</b>	<b><i>Patient Status Code</i></b>
<b>31</b>	<b><i>Condition Codes</i></b>
<b>32</b>	<b><i>Accident State</i></b>
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<b>34</b>	<b><i>Occurrence Span Codes/From/Through</i></b>
<b>35</b>	<b><i>Responsible Party Name/Address</i></b>

<b>36</b>	<b><i>Value Codes</i></b>
<b>37</b>	<b><i>Revenue Codes</i></b>
<b>38</b>	<b><i>Revenue Code Descriptions</i></b>
<b>39</b>	<b><i>HCPCS/Rates/HIPPS Rate Codes</i></b>
<b>40</b>	<b><i>Service Date</i></b>
<b>41</b>	<b><i>Units of Service</i></b>
<b>42</b>	<b><i>Total Charges</i></b>
<b>43</b>	<b><i>Non-Covered Charges</i></b>
<b>44</b>	<b><i>Unlabeled</i></b>
<b>45</b>	<b><i>Payer Identification - Primary</i></b>
<b>46</b>	<b><i>Payer Identification - Secondary</i></b>
<b>47</b>	<b><i>Payer Identification - Tertiary</i></b>
<b>48</b>	<b><i>Health Plan IDs</i></b>
<b>49</b>	<b><i>Release of Information - Primary</i></b>
<b>50</b>	<b><i>Release of Information - Secondary</i></b>
<b>51</b>	<b><i>Release of Information - Tertiary</i></b>
<b>52</b>	<b><i>Assignment of Benefits - Primary</i></b>
<b>53</b>	<b><i>Assignment of Benefits - Secondary</i></b>
<b>54</b>	<b><i>Assignment of Benefits - Tertiary</i></b>
<b>55</b>	<b><i>Prior Payments - Primary</i></b>
<b>56</b>	<b><i>Prior Payments - Secondary</i></b>
<b>57</b>	<b><i>Prior Payments - Tertiary</i></b>
<b>58</b>	<b><i>Estimated Amount Due - Primary</i></b>
<b>59</b>	<b><i>Estimated Amount Due - Secondary</i></b>
<b>60</b>	<b><i>Estimated Amount Due - Tertiary</i></b>
<b>61</b>	<b><i>NPI</i></b>
<b>62</b>	<b><i>Other Provider IDs</i></b>
<b>63</b>	<b><i>Insured's Name - Primary</i></b>
<b>64</b>	<b><i>Insured's Unique ID - Primary</i></b>
<b>65</b>	<b><i>Insurance Group Name - Primary</i></b>
<b>66</b>	<b><i>Insurance Group No. - Primary</i></b>
<b>67</b>	<b><i>Insured's Name - Secondary</i></b>
<b>68</b>	<b><i>Insured's Unique ID - Secondary</i></b>
<b>69</b>	<b><i>Insurance Group Name - Secondary</i></b>
<b>70</b>	<b><i>Insurance Group No. - Secondary</i></b>



## ***APPENDIX A: Data Elements Required to Be Reported to MSDH***

71	<i>Insured's Name -Tertiary</i>
72	<i>Insured's Unique ID - Tertiary</i>
73	<i>Insurance Group Name -Tertiary</i>
74	<i>Insurance Group No. - Tertiary</i>
75	<i>Patient's Relationship - Primary</i>
76	<i>Patient's Relationship - Tertiary</i>
77	<i>Patient's Relationship - Secondary</i>
78	<i>Treatment Authorization Code - Secondary</i>
79	<i>Treatment Authorization Code - Tertiary</i>
80	<i>Treatment Authorization Codes - Primary</i>
81	<i>Employer Name - Primary</i>
82	<i>Employer Name - Secondary</i>
83	<i>Employer Name - Tertiary</i>
84	<i>DX Version Qualifier</i>
85	<b><i>Principal Diagnosis Code</i></b>
86	<b><i>Present on Admission Code</i></b>
87	<i>Other Diagnosis Codes</i>
88	<b><i>Admitting Diagnosis Code</i></b>
89	<i>Patient Reason for Visit Codes</i>
90	<i>PPS Code</i>
91	<i>External Cause of Injury Codes</i>

92	<i>Principal Procedure Code/Date</i>
93	<i>Other Procedure Codes/Date</i>
94	<i>Attending – Last/First</i>
95	<b><i>Attending - NPI/QUAL/ID</i></b>
96	<i>Operating - Last/First</i>
97	<i>Operating - NPI/QUAL/ID</i>
98	<i>Other - Last/First</i>
99	<i>Other - QUAL/NPI/QUAL/ID</i>
100	<i>Other - Last/First</i>
101	<i>Other - QUAL/NPI/QUAL/ID</i>
102	<i>Remarks</i>
103	<i>Code-Codes - QUAL/CODE/VALUE</i>
104	<i>Patient Age</i>
105	<b><i>County of Residence</i></b>
106	<i>Chief Complaints</i>
107	<b><i>Patient Ethnicity</i></b>
108	<b><i>Patient Race</i></b>
109	<b><i>Patient Social Security #</i></b>
110	<i>Patient Telephone Number</i>
111	<b><i>Discharge Date</i></b>
112	<i>EMS # (Ambulance Service Case Number)</i>

***APPENDIX B: Ambulatory Surgery Facilities, Imaging and Services Requiring  
a Certificate of Need***

***Data Elements Required to Be Reported to MSDH***

**Under Development**

## APPENDIX C: Application for Encounter-Level Data

**(MSDH use only)**

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

By: \_\_\_\_\_

### Part I: Application for Encounter-Level Data

#### A. ENTITY REQUESTING INFORMATION

NAME OF PRINCIPAL INVESTIGATOR:			
DATE:			
JOB TITLE:			
ORGANIZATION/FIRM NAME:			
ADDRESS (street, city, state, zip):			
PHONE NUMBER:		FAX NUMBER:	
E-MAIL:		DATE DATA TO BE DESTROYED	

#### B. SUMMARY OF STUDY AND PROJECT ACTIVITIES (use additional pages if needed)

SELECTION CRITERIA FOR DATABASE (Please specify the variables and variable values to be used for selecting records)	
DATA FILE REQUESTED Please specify: Inpatient, ER, Outpatient	
TIME PERIOD FOR REQUESTED DATA: (Start and End Dates)	
FILE FORMAT AND TYPE OF MEDIA:	
REASON FOR DATA REQUEST:	
PROPOSED DATA USES:	
EXPECTED PRODUCTS FROM STUDY (reports, presentations, publications, etc.)	

## Part II: Encounter-Level Data Elements Request Form

Inpatient Hospitalizations Encounter-Level Data Elements
<input type="checkbox"/> Length of Stay
<input type="checkbox"/> Day of the Week Admission
<input type="checkbox"/> Month of Admission
<input type="checkbox"/> Day of the Week Discharge
<input type="checkbox"/> Month of Discharge
<input type="checkbox"/> Admission Source
<input type="checkbox"/> Admission Type
<input type="checkbox"/> Patient Age at Admission (Grouped)
<input type="checkbox"/> Patient Gender
<input type="checkbox"/> Patient Race/Ethnicity
<input type="checkbox"/> County of Patient's Residence
<input type="checkbox"/> Admitting diagnosis
<input type="checkbox"/> Present on Admission Indicator
<input type="checkbox"/> Diagnosis Codes
<input type="checkbox"/> Procedure Codes
<input type="checkbox"/> Procedure Day (In relationship to Admission Date)
<input type="checkbox"/> Major Diagnostic Categories
<input type="checkbox"/> E-codes (exclude E870-E876)
<input type="checkbox"/> DRG
<input type="checkbox"/> Patient Discharge Status
<input type="checkbox"/> APR-DRG
<input type="checkbox"/> APR-DRG Description
<input type="checkbox"/> Primary expected payer classification (i.e., Medicare, Medicaid, Insurance, HMO, Self-pay, Indigent, TriCare, Worker's Compensation and Other)
<input type="checkbox"/> Charges by Summary Revenue Codes (rounded to the nearest hundred dollars, may not sum to total)
<input type="checkbox"/> Total Charges (rounded to the nearest hundred dollars, may not sum to total)
<input type="checkbox"/> Days in Special Units (e.g. ICU, CCU, etc.)
<input type="checkbox"/> Physician Specialty Code (as adopted by the AMA)
<input type="checkbox"/> Health Care Professional Classification (i.e., Attending, Other)
<input type="checkbox"/> Complete Data Set(s)

## Part II: Encounter-Level Data Elements Request Form

Emergency Department / Outpatient Visit Encounter-Level Data Elements	
<input type="checkbox"/>	Day of the Week Admission
<input type="checkbox"/>	Month of Admission
<input type="checkbox"/>	Admission Source
<input type="checkbox"/>	Admission Type
<input type="checkbox"/>	Patient Age at Admission (Grouped)
<input type="checkbox"/>	Patient Gender
<input type="checkbox"/>	Patient Race/Ethnicity
<input type="checkbox"/>	County of Patient's Residence
<input type="checkbox"/>	Patient Reason for Visit
<input type="checkbox"/>	Diagnosis Codes
<input type="checkbox"/>	Procedure Codes
<input type="checkbox"/>	E-codes (exclude E870-E876)
<input type="checkbox"/>	AHRQ Broad Level Diagnostic Categories
<input type="checkbox"/>	AHRQ Detailed Diagnostic Categories
<input type="checkbox"/>	Patient Discharge Status
<input type="checkbox"/>	Primary expected payer classification (i.e., Medicare, Medicaid, Insurance, HMO, Self-pay, Indigent, TriCare, Worker's Compensation and Other)
<input type="checkbox"/>	Charges by Summary Revenue Codes (rounded to the nearest hundred dollars, may not sum to total)
<input type="checkbox"/>	Total Charges (rounded to the nearest hundred dollars, may not sum to total)
<input type="checkbox"/>	Days in Special Units (e.g. ICU, CCU, etc.)
<input type="checkbox"/>	Physician Specialty Code (as adopted by the AMA)
<input type="checkbox"/>	Health Care Professional Classification (i.e., Attending, Other)
<input type="checkbox"/>	Complete Data Set(s)

### **Part III: Data Use Agreement for Encounter-Level Data**

The Rules and Regulations Governing Reportable Diseases and Conditions, Sub-part 118, “Information maintained in the Mississippi Healthcare Registry Data System shall be confidential and shall not be distributed or released except with the permission of MSDH in accordance with its established policies and procedures. Violation of confidentiality requirements may be subject to severe civil and/or criminal penalties. The release of identifiable patient health information may be made by MSDH only to the facility that initially reported the identifiable information, upon the written request of such facility. Any request by any other party for the release of identifiable information shall be reviewed by the DUC, and the DUC may approve such request. Any effort to determine the identity of any person, health care provider, health care professional, or private health care insurer or to use the data for any purpose other than analysis and aggregate statistical reporting violates this statute and the conditions of this data use agreement.” By virtue of this agreement, the undersigned agrees that no attempt to identify particular persons, health care providers, health care professionals or private health care providers will be made.

#### **The undersigned assures the following with respect to the MSDH encounter-level data sets:**

I will require others under my direct supervision who use these data in the organization specified below to sign this agreement and I will keep those signed agreements and make them available to the MSDH upon request. A violation of the Data Use Agreement will result in the surrender of the data and possible penalties as specified under Section 41-3-59, Mississippi Code of 1972 as amended.

1. I will not allow others to, nor will I, attempt to identify any person, health care facility, health care provider, or private insurer neither directly nor indirectly. Release of data that would directly or indirectly identify a person, health care facility, health care provider, or private insurer is a violation of Section 41-3-59, Mississippi Code of 1972 as amended.
2. I will not allow others to, nor will I, release encounter-level data files or any part of them to any person outside the scope of the project described in this Data Use Agreement.
3. I will not allow others to, nor will I, attempt to link the encounter-level records of persons in this data set with personally identifiable records from any other source.
4. I acknowledge and accept the responsibility for protecting the confidentiality of patients when aggregate data have small cell sizes. It is a violation of this Data Use Agreement to directly or indirectly identify a patient.
5. I will not allow others to, nor will I, release data in a report or for dissemination with a cell size of less than 5 without prior approval by the Data Use Council (hereinafter referenced as DUC).
6. I will not allow others to, nor will I, make statements indicating or suggesting that analyses and/or interpretations drawn are those of the data sources, the MSDH and its staff or the DUC.
7. I will not allow all others to, nor will I, create an Intranet connection or other website without prior approval of the DUC.
8. The data must remain solely with the original project entity. In the event that the original requestor listed below leaves the project, a newly signed Data Use Agreement must be submitted to the MSDH within 30 days.
9. The MSDH and the DUC will be held harmless from damages resulting from the use/misuse of these data.

10. These data are the property of the MSDH and must be surrendered upon direction of the DUC.
11. Releases of any aggregate data must contain the following statement:

**NOTICE: THIS INFORMATION IS FROM THE MISSISSIPPI STATE DEPARTMENT OF HEALTH, OFFICE OF HEALTH INFORMATICS, HEALTHCARE DATA SYSTEM. OUR AUTHORIZATION TO RELEASE THIS INFORMATION DOES NOT IMPLY ENDORSEMENT OF THIS STUDY OR ITS FINDINGS BY EITHER THE HEALTHCARE DATA SYSTEM or THE DATA USE COUNCIL.**

Failure to comply with the Data Use Agreement will result in the surrender of data and may result in legal action as specified in Section 41-3-59, Mississippi Code of 1972 as amended: "Any person who shall knowingly violate any of the provisions of this chapter, or any rules or regulations of the State Board of Health, or any order or regulation of the Board of Supervisors of any county herein authorized to be made, shall be guilty of a misdemeanor, and on conviction shall be punished by a fine not exceeding five hundred dollars or imprisoned in the county jail not more than six months, or both."

**Principal Investigator:**

Name and Title of Person Making Request: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (with Area Code): \_\_\_\_\_  
Fax (with Area Code): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Faculty Advisor (If Applicable):** \_\_\_\_\_

Telephone (with Area Code): \_\_\_\_\_  
Fax (with Area Code): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Data Processing/IT Department Manager:** \_\_\_\_\_

Telephone (with Area Code): \_\_\_\_\_  
Fax (with Area Code): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Chief Executive Officer:** \_\_\_\_\_

Telephone (with Area Code): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Other individuals having access to these data include the following:**

Name	Position	Telephone

**By signing this contract, we agree to comply with all the confidentiality requirements indicated in this Document.**

\_\_\_\_\_  
Signature of Principal Investigator: Date:

\_\_\_\_\_  
Signature of Faculty Advisor (If Applicable) Date:

\_\_\_\_\_  
Signature of Data Processing/IT Department Manager Date:

\_\_\_\_\_  
Signature of Chief Executive Officer Date:

**Notarization**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_  
(Notary Seal)



## ***APPENDIX D: Application for Restricted Data***

**(MSDH use only)**

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

By: \_\_\_\_\_

### **Part I: Application for Restricted Data**

#### **A. ENTITY REQUESTING INFORMATION**

NAME OF PRINCIPAL INVESTIGATOR:			
DATE:			
JOB TITLE:			
ORGANIZATION/FIRM NAME:			
ADDRESS (street, city, state, zip):			
PHONE NUMBER:		FAX NUMBER:	
E-MAIL:			
ALTERNATE CONTACT:		PHONE NUMBER:	
TITLE OF STUDY:			
REASON FOR DATA REQUEST:			
PREVIOUS DATA REQUESTS:			

#### **B. SUMMARY OF STUDY AND PROJECT ACTIVITIES (use additional pages if needed)**

SELECTION CRITERIA FOR DATABASE (Please specify the variables and variable values to be used for selecting records)	
DATA FILE REQUESTED Please specify: Inpatient, ER, Outpatient	
TIME PERIOD FOR REQUESTED DATA: (Start and End Dates)	
FILE FORMAT AND TYPE OF MEDIA:	

#### **C. STUDY PROTOCOL AND PROJECT ACTIVITIES (use additional pages if needed)**

PROPOSED DATA USES:	
EXPECTED PRODUCTS FROM STUDY (reports, presentations, publications, etc.)	
FORMAT/LEVEL OF DATA TO BE RE-RELEASED	

#### **D. SECURITY MEASURES**

DATA SECURITY METHODS:	
PATIENT CONFIDENTIALITY PROCEDURES:	
FACILITY CONFIDENTIALITY PROCEDURES:	

## Part II: Encounter-Level Data Elements Request Form

Inpatient Hospitalizations Encounter-Level Data Elements	
<input type="checkbox"/>	Length of Stay
<input type="checkbox"/>	Day of the Week Admission
<input type="checkbox"/>	Month of Admission
<input type="checkbox"/>	Day of the Week Discharge
<input type="checkbox"/>	Month of Discharge
<input type="checkbox"/>	Admission Source
<input type="checkbox"/>	Admission Type
<input type="checkbox"/>	Time from Admission to Discharge
<input type="checkbox"/>	Patient Age at Admission (Grouped)
<input type="checkbox"/>	Patient Gender
<input type="checkbox"/>	Patient Race/Ethnicity
<input type="checkbox"/>	County of Patient's Residence
<input type="checkbox"/>	Admitting diagnosis
<input type="checkbox"/>	Present on Admission Indicator
<input type="checkbox"/>	Diagnosis Codes
<input type="checkbox"/>	Procedure Codes
<input type="checkbox"/>	Procedure Day (In relationship to Admission Date)
<input type="checkbox"/>	Major Diagnostic Categories
<input type="checkbox"/>	E-codes (exclude E870-E876)
<input type="checkbox"/>	DRG
<input type="checkbox"/>	Patient Discharge Status
<input type="checkbox"/>	APR-DRG
<input type="checkbox"/>	APR-DRG Description
<input type="checkbox"/>	Primary expected payer classification (i.e., Medicare, Medicaid, Insurance, HMO, Self-pay, Indigent, TriCare, Worker's Compensation and Other)
<input type="checkbox"/>	Charges by Summary Revenue Codes (rounded to the nearest hundred dollars, may not sum to total)
<input type="checkbox"/>	Total Charges (rounded to the nearest hundred dollars, may not sum to total)
<input type="checkbox"/>	Days in Special Units (e.g. ICU, CCU, etc.)
<input type="checkbox"/>	Physician Specialty Code (as adopted by the AMA)
<input type="checkbox"/>	Health Care Professional Classification (i.e., Attending, Other)
<input type="checkbox"/>	Complete Data Set(s)

## Part III: Restricted Data Elements Request Form

Inpatient Hospitalizations Restricted Data Elements	
ELEMENT REQUESTED	REASON FOR REQUEST
<input type="checkbox"/> Admission Date	
<input type="checkbox"/> Admission Hour	
<input type="checkbox"/> Discharge Hour	
<input type="checkbox"/> Discharge Date	
<input type="checkbox"/> Patient Birth date	
<input type="checkbox"/> Patient Age in Years	
<input type="checkbox"/> Medical Record Number	
<input type="checkbox"/> Patient Number (Facility Assigned)	
<input type="checkbox"/> Unique Patient Number (MSDH)	
<input type="checkbox"/> Procedure Dates	
<input type="checkbox"/> Patient Zip-Code (digits 1-5)	
<input type="checkbox"/> Charges by Summary Revenue Codes Not Rounded	
<input type="checkbox"/> Total Charges Not Rounded	
<input type="checkbox"/> Encrypted Carrier Codes	
<input type="checkbox"/> Health Care Professional ID <input type="checkbox"/> Attending <input type="checkbox"/> Other	
<input type="checkbox"/> Health Care Facility ID	

## Part II: Encounter-Level Data Elements Request Form

Emergency Department / Outpatient Visit Encounter-Level Data Elements	
<input type="checkbox"/>	Day of the Week Admission
<input type="checkbox"/>	Month of Admission
<input type="checkbox"/>	Admission Source
<input type="checkbox"/>	Admission Type
<input type="checkbox"/>	Patient Age at Admission (Grouped)
<input type="checkbox"/>	Patient Gender
<input type="checkbox"/>	Patient Race/Ethnicity
<input type="checkbox"/>	County of Patient's Residence
<input type="checkbox"/>	Patient Reason for Visit
<input type="checkbox"/>	Diagnosis Codes
<input type="checkbox"/>	Procedure Codes
<input type="checkbox"/>	E-codes (exclude E870-E876)
<input type="checkbox"/>	AHRQ Broad Level Diagnostic Categories
<input type="checkbox"/>	AHRQ Detailed Diagnostic Categories
<input type="checkbox"/>	Patient Discharge Status
<input type="checkbox"/>	Primary expected payer classification (i.e., Medicare, Medicaid, Insurance, HMO, Self-pay, Indigent, TriCare, Worker's Compensation and Other)
<input type="checkbox"/>	Charges by Summary Revenue Codes (rounded to the nearest hundred dollars, may not sum to total)
<input type="checkbox"/>	Total Charges (rounded to the nearest hundred dollars, may not sum to total)
<input type="checkbox"/>	Days in Special Units (e.g. ICU, CCU, etc.)
<input type="checkbox"/>	Physician Specialty Code (as adopted by the AMA)
<input type="checkbox"/>	Health Care Professional Classification (i.e., Attending, Other)
<input type="checkbox"/>	Complete Data Set(s)

## Part III: Restricted Data Elements Request Form

Emergency Department Restricted Data Elements	
ELEMENT REQUESTED	REASON FOR REQUEST
<input type="checkbox"/> Admission Date	
<input type="checkbox"/> Admission Hour	
<input type="checkbox"/> Discharge Hour	
<input type="checkbox"/> Discharge Date	
<input type="checkbox"/> Patient Birth date	
<input type="checkbox"/> Patient Age in Years	
<input type="checkbox"/> Medical Record Number	
<input type="checkbox"/> Patient Number (Facility Assigned)	
<input type="checkbox"/> Unique Patient Number (MSDH)	
<input type="checkbox"/> Procedure Dates	
<input type="checkbox"/> Patient Zip-Code (digits 1-5)	
<input type="checkbox"/> Charges by Summary Revenue Codes Not Rounded	
<input type="checkbox"/> Total Charges Not Rounded	
<input type="checkbox"/> Encrypted Carrier Codes	
<input type="checkbox"/> Health Care Professional ID <input type="checkbox"/> Attending <input type="checkbox"/> Other	
<input type="checkbox"/> Health Care Facility ID	

## Part IV: Confidentiality Contract

The Rules and Regulations Governing Reportable Diseases and Conditions, Sub-part 118, “Information maintained in the Mississippi Healthcare Registry Data System shall be confidential and shall not be distributed or released except with the permission of MSDH in accordance with its established policies and procedures. Violation of confidentiality requirements may be subject to severe civil and/or criminal penalties. The release of identifiable patient health information may be made by MSDH only to the facility that initially reported the identifiable information, upon the written request of such facility. Any request by any other party for the release of identifiable information shall be reviewed by the DUC, and the DUC may approve such request. Any effort to determine the identity of any person, health care provider, health care professional, or private health care insurer or to use the data for any purpose other than analysis and aggregate statistical reporting violates this statute and the conditions of this data use agreement.” By virtue of this agreement, the undersigned agrees that no attempt to identify particular persons, health care providers, health care professionals or private health care providers will be made.

*I agree to the following confidentiality requirements related to the release of data elements:*

1. I will not allow others to, nor will I, use these data elements for purposes other than those specified in this application. Use of data elements for a research project other than the one described in this application will not be undertaken until a separate application form for that project has been submitted and approved under the procedures established by the MSDH DUC.
2. I will not allow others to, nor will I, release any data elements or datasets to any person who is not under my direct supervision, except with the approval of the DUC.
3. I will not allow others to, nor will I, release the identity of any patient, directly or indirectly.
4. I will not allow others to, nor will I, conduct follow-back studies to patients without prior approval from the DUC.
5. I acknowledge and accept the responsibility that I will be held accountable for protecting the patient’s privacy if/when abstracting medical records. A violation of the Data Use Agreement will result in the surrender of the data and possible penalties as specified under Section 41-3-59, Mississippi Code of 1972 as amended.
6. I will not allow others to, nor will I, use these data to identify any health care facility, professional and/or private insurer without prior approval by the DUC.
7. I will not allow others to, nor will I, publish, either written text or electronic text, disseminate, communicate or otherwise release health care facility, professional and/or private insurer identifiable data without prior approval by the DUC and review and comment by the identified parties.
8. I will not allow others to, nor will I, link these data to other person or encounter level data without prior approval by the DUC.
9. I will not allow others to, nor will I, link these data to other health care facility, professional and/or private insurer level data without prior approval by the DUC.
10. I acknowledge and accept the responsibility for protecting the confidentiality of patients when aggregate data have small cell sizes. It is a violation of this Confidentiality Contract to directly or indirectly identify a patient, in data analyses, reports, publications, or any other forms, either electronic or written.

11. A full disclosure of how these data are to be released, publish and/or disseminated, either written or electronic form, has been included in application. Release, publication and/or and other dissemination of data other than as described in this application will not be undertaken until a separate application form for that release, publication and any other dissemination means has been submitted and approved under the procedures established by the MSDH DUC.
12. The safeguards used for the storage of these data are included with this application.
13. Internal reports created during the project containing restricted data must be marked "Confidential Not For Release".
14. The original raw data elements and any copies will be destroyed or returned to the MSDH upon completion of the research project, as specified in the application. Aggregate data and reports based on restricted data shall be stored under appropriate security measures. The Principal Investigator will notify the MSDH via a certified letter detailing the destruction or return of these data.
15. These data must remain solely with the original project entity. A new application must be submitted in the event of a proposed change of the principal investigator for the project.
16. In the event of a change in the principal investigator, a newly signed Confidentiality Contract must be submitted to the MSDH within 30 days.
17. The MSDH will be held harmless from damages resulting from the use/misuse of these data.
18. These data are the property of the MSDH and must be surrendered upon direction of the DUC.
19. Approval by the DUC for the release of data is not equivalent to endorsement of the project.
20. I will not allow others to, nor will I, create an Internet, Intranet or other website using these data without prior approval of the DUC.
21. All releases of data must contain the following statement:

***NOTICE: THIS INFORMATION IS FROM THE MISSISSIPPI STATE DEPARTMENT OF HEALTH, OFFICE OF HEALTH INFORMATICS, HEALTHCARE DATA SYSTEM. OUR AUTHORIZATION TO RELEASE THIS INFORMATION DOES NOT IMPLY ENDORSEMENT OF THIS STUDY OR ITS FINDINGS BY EITHER THE HEALTHCARE DATA SYSTEM or THE DATA USE COUNCIL.***

Failure to comply with the Data Use Agreement will result in the surrender of data and may result in legal action as specified in Section 41-3-59, Mississippi Code of 1972 as amended: "Any person who shall knowingly violate any of the provisions of this chapter, or any rules or regulations of the State Board of Health, or any order or regulation of the Board of Supervisors of any county herein authorized to be made, shall be guilty of a misdemeanor, and on conviction shall be punished by a fine not exceeding five hundred dollars or imprisoned in the county jail not more than six months, or both."



**Principal Investigator:**

Name and Title of Person Making Request: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (with Area Code): \_\_\_\_\_

Fax (with Area Code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Faculty Advisor (If Applicable):** \_\_\_\_\_

Telephone (with Area Code): \_\_\_\_\_

Fax (with Area Code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Data Processing/IT Department Manager:** \_\_\_\_\_

Telephone (with Area Code): \_\_\_\_\_

Fax (with Area Code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Chief Executive Officer:** \_\_\_\_\_

Telephone (with Area Code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**By signing this contract, we agree to comply with all the confidentiality requirements indicated in this Document.**

\_\_\_\_\_  
Signature of Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Faculty Advisor (If Applicable) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Data Processing/IT Department Manager \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Executive Officer \_\_\_\_\_ Date: \_\_\_\_\_

**Notarization**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_

(Notary Seal)

## ***APPENDIX E: Student Grant Application***

### **(MSDH use only)**

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

By: \_\_\_\_\_

The Rules and Regulations Governing Reportable Diseases and Conditions, Sub-part 118, “Information maintained in the Mississippi Healthcare Registry Data System shall be confidential and shall not be distributed or released except with the permission of MSDH in accordance with its established policies and procedures.

The MSDH DUC policy is to award grants to students (High School, Undergraduate or Graduate) actively involved in research activities who are able to show evidence that there is a need for this assistance. The grants will be in the form of a waiver for agreeing to allow the MSDH to publish their findings and methodology if the MSDH DUC deems the information appropriate.

I, the undersigned below, am applying for a Grant Waiver to defer the cost of payment for limited use data sets to be used in my research project. I understand the waiver does not require repayment. However, by accepting this Grant Waiver, I agree to allow the MSDH to publish all findings and methodologies associated with the research activities should the DUC deem them appropriate. I also understand should I request more than three data sets, the Ad Hoc Data Request will apply payment must be made prior to any additional data being released.

**Name of Person Making Request:** \_\_\_\_\_

School Affiliation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (with Area Code): \_\_\_\_\_

Fax (with Area Code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_

School Affiliation/Department: \_\_\_\_\_

Telephone (with Area Code): \_\_\_\_\_

Fax (with Area Code): \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Request Date:

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18) Date:

\_\_\_\_\_  
Signature of Faculty Advisor / Teacher Date: